

CALIFORNIA EARTHQUAKE PROBABLE MAXIMUM LOSS QUESTIONNAIRE**SIGNATURE PAGE**

CDI RSU-001 (REV 1/2005)

California Code of Regulations

Title 10, Chapter 5, Subchapter 3, Article 3, Section 2307

<i>Company or Group Name</i>	<i>Company NAIC Code</i>	<i>Group Code</i>
<i>Address</i>	<i>City, State, Zip Code</i>	

Please mark the appropriate box:

- ☐ Our Company did not have any Earthquake Insurance In-Force as of **December 31, 2004**
- ☐ Form **A** is hereby submitted (due no later than **June 30, 2005**)
- ☐ Form **B** is hereby submitted (due no later than **August 31, 2005**)

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

<i>Signature of the Officer</i>		<i>Date</i>	
<i>Name of the Officer (Please print)</i>		<i>Phone Number</i>	<i>Fax Number</i>
<i>Title</i>		<i>E-Mail Address</i>	

<i>Name of the Contact Person (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<i>E-Mail Address</i>		

Completed form(s) is (are) to be mailed to:

CALIFORNIA DEPARTMENT OF INSURANCE
Rate Specialist Bureau
300 South Spring Street, South Tower, 14th Floor
Los Angeles, CA 90013-1230